



EXHIBIT 'A'

Office File No.: Q-120605
DESCRIPTION:

* PARCEL 1

Lot 4 of Short Plat No. 2658 recorded November 6, 1995 in Volume 1 of Short Plats, page 65 under Auditor's File No. 616759 and 616760 and being a portion of Northwest quarter of Section 13, Township 21 North, Range 2 West, W.M., in Mason County, Washington.

PARCEL 2

An easement for ingress, egress and utilities as described and delineated on Short Plat #2658 recorded in Volume 1 of Short Plats, page 65 under Auditor's File Nos. 616759 and 616760, records of Mason County, Washington.

NW 1/4

S 13

21

2W

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1909148 MASON CO WA

11/07/2007 11:01 AM FRCON
UPF SERVICES #13925 Rec Fee: \$40.00 Pages: 1**AFTER RECORDING RETURN TO:**

Ref #1203-175867 / 175867

UPF INCORPORATED

910 West Boone Ave.

Spokane, WA 99201

FULL RECONVEYANCE

The undersigned, as Trustee under that certain Deed of Trust dated 7/26/2003 in which Darlene K Atkins, a single woman, is/are Grantor(s), and Quimper Community Federal CU N/K/A Quimper Community Credit Union is Beneficiary, recorded on 8/12/2003, as Recording No. 1789486, in Volume N/A, Page N/A, records of Mason County, Washington, having received from the beneficiary under said Deed of Trust a written request to reconvey the real property described in said deed, which request was approved by said grantor, does hereby reconvey, without warranty, to the person(s) entitled thereto all of the right, title and interest now held by said trustee in and to the real property described in said Deed of Trust, situated in Mason County, Washington.

Loan# 114990

UPF INCORPORATED, Trustee

DATED: 10/31/2007

BY: Sharon K. Van Auch

Sharon Van Auch, Assistant Executive VP

STATE OF WASHINGTON

} ss.
}

County of Spokane

On 10/31/2007 before me, the undersigned, appeared Sharon Van Auch, Assistant Executive VP, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose Name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s) or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

HOLLY A MOON
NOTARY PUBLIC
STATE OF WASHINGTON
COMMISSION EXPIRES
AUGUST 30, 2011

Holly A. Moon
NOTARY PUBLIC in and for the State of Washington,
residing at Spokane
My commission expires: 8/30/2011

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5. To pay all costs, fees and expenses in connection with this Deed of Trust, including the expenses of the _____ incurred in enforcing the obligation secured hereby and Trustee's and attorney's fees actually incurred, as provided by statute.

6. Should Grantor fail to pay when due any taxes, assessments, insurance premiums, liens, encumbrances or other charges against the property hereinabove described, Beneficiary may pay the same, and the amount so paid, with interest at the rate set forth in the note secured hereby, shall be added to and become a part of the debt secured in this Deed of Trust.

IT IS MUTUALLY AGREED THAT:

1. In the event any portion of the property is taken or damaged in an eminent domain proceeding, the entire amount of the award or such portion as may be necessary to fully satisfy the obligation secured hereby, shall be paid to Beneficiary to be applied to said obligation.

2. By accepting payment of any sum secured hereby after its due date, Beneficiary does not waive its right to require prompt payment when due of all other sums so secured or to declare default for failure to so pay.

3. The Trustee shall reconvey all or any part of the property covered by this Deed of Trust to the person entitled thereto, on written request of the Grantor and the Beneficiary, or upon satisfaction of the obligation secured and written request for reconveyance made by the Beneficiary or the person entitled thereto.

4. Upon default by Grantor in the payment of any indebtedness secured hereby or in the performance of any agreement contained herein, all sums secured hereby shall immediately become due and payable at the option of the Beneficiary. In such event and upon written request of Beneficiary, Trustee shall sell the trust property, in accordance with the Deed of Trust Act of the State of Washington, at public auction to the highest bidder. Any person except Trustee may bid at Trustee's sale. Trustee shall apply the proceeds of the sale as follows: (1) to the expense of the sale, including a reasonable Trustee's fee and attorney's fee; (2) to the obligation secured by this Deed of Trust; (3) the surplus, if any, shall be distributed to the persons entitled thereto.

5. Trustee shall deliver to the purchaser at the sale its deed, without warranty, which shall convey to the purchaser the interest in the property which Grantor had or had the power to convey at the time of his execution of this Deed of Trust, and such as he may have acquired thereafter. Trustee's deed shall recite the facts showing that the sale was conducted in compliance with all the requirements of law and of this Deed of Trust, which recital shall be prima facie evidence of such compliance and conclusive evidence thereof in favor of bona fide purchaser and encumbrancers for value.

6. The power of sale conferred by this Deed of Trust and by the Deed of Trust Act of the State of Washington is not an exclusive remedy; Beneficiary may cause this Deed of Trust to be foreclosed as a mortgage.

7. In the event of the death, incapacity, disability or resignation of Trustee, Beneficiary may appoint in writing a successor trustee, and upon the recording of such appointment in the mortgage records of the county in which this Deed of Trust is recorded, the successor trustee shall be vested with all powers of the original trustee. The trustee is not obligated to notify any party hereto of pending sale under any other Deed of Trust or of any action or proceeding in which Grantor, Trustee or Beneficiary shall be a party unless such action or proceeding is brought by the Trustee.

8. This Deed of Trust applies to, inures to the benefit of, and is binding not only on the parties hereto, but on their heirs, devisees, legatees, administrators, executors and assigns. The term Beneficiary shall mean the holder and owner of the note secured hereby, whether or not named as Beneficiary herein.



Darlene K. Atkins

STATE OF WASHINGTON
COUNTY OF Spokane
On this day 10/5/07 personally appeared before me Darlene K. Atkins
to me known to be the individual described in and who executed the within and foregoing instrument, and acknowledged that she signed the same as her free and voluntary act and deed, for the uses and purposes therein mentioned.

GIVEN under my hand and official seal this 5 day of October, 2007, Notary Public in and for the State of Washington, residing at West Townsend
My appointment expires July 1, 2006

Jennifer M. Taylor
JENNIFER M. TAYLOR

STATE OF WASHINGTON
COUNTY OF _____
I certify that I know or have satisfactory evidence that _____
is the person(s) acknowledged that (he/she/they) signed this instrument, on oath stated that (he/she/they) was (were) authorized to execute the instrument and acknowledged it as the _____
of _____ to be the free and voluntary act of such party for the uses and purposes mentioned in the instrument.

(SEAL OR STAMP)

Dated

Signature

Title

My appointment expires

REQUEST FOR FULL RECONVEYANCE
Do not record. To be used only when note has been paid.

TO: TRUSTEE.

The undersigned is the legal owner and holder of the note and all other indebtedness secured by the within Deed of Trust. Said note, together with all other indebtedness secured by said Deed of Trust, has been fully paid and satisfied; and you are hereby requested and directed, on payment to you of any sums owing to you under the terms of said Deed of Trust, to cancel said note above mentioned, and all other evidences of indebtedness secured by said Deed of Trust delivered to you herewith, together with the said Deed of Trust, and reconvey, without warranty, to the parties designated by the terms of said Deed of Trust, all the estate now held by you thereunder.

Dated 10/5/07, 19____

Quinn Comm Fed CU
Lyndee Lamm
In Office

Mail reconveyance to _____

PAGE 1



1789486

Page: 1 of 3

08/12/2003 04:21P

Mason Co, WA

RECEIVED

JUL 30 2008

Washington State
Department of Ecology

Name QUIMPER COMMUNITY FEDERAL CREDIT UNION

Address P.O. BOX 1530

City, State, Zip PORT TOWNSEND, WA 98368

C 12665

Deed of Trust



Transnation

Reference # (if applicable): _____

Grantor(s): (1) DARLENE ATKINS (2) _____

Additional on pg. _____

Grantees(s): (1) QUIMPER C.F.C.U. (2) _____

Additional on pg. _____

Legal Description (abbreviated): TR 4 OF SP #2658

Additional legal(s) on page _____

Assessor's Tax Parcel ID# 221132190024

THIS DEED OF TRUST, made this 26TH day of JULY, XIX 2003 between
DARLENE K. ATKINS, A SINGLE WOMAN, GRANTOR,

whose address is 20 ALDRICH ROAD-PORT TOWNSEND, WA 98368,
TRANSNATION TITLE INSURANCE COMPANY, a corporation, TRUSTEE, whose address is 1200
Sixth Avenue, Seattle, Washington, and _____

QUIMPER COMMUNITY FEDERAL CREDIT UNION, BENEFICIARY,
whose address is P.O. BOX 1530-PORT TOWNSEND, WA 98368

WITNESSETH: Grantor hereby bargains, sells and conveys to Trustee in Trust, with power of sale, the
following described real property in MASON County, Washington:

* TR 2-D OF E2 NW TR 4 OF SP #2658 #616759

which real property is not used principally for agricultural or farming purposes, together with all the tenements, hereditaments, and appurtenances now or hereafter thereunto belonging or in any wise appertaining, and the rents, issues and profits thereof.

This deed is for the purpose of securing performance of each agreement of grantor herein contained, and payment of the sum of

TWENTY FIVE THOUSAND THREE HUNDRED FIFTY DOLLARS AND NO/100'S* Dollars (\$25,350.00*)
with interest, in accordance with the terms of a promissory note of even date herewith, payable to Beneficiary or order, and made by Grantor, and all renewals, modifications and extensions thereof, and also such further sums as may be advanced or loaned by Beneficiary to Grantor, or any of their successors or assigns, together with interest thereon at such rate as shall be agreed upon.

To protect the security of this Deed of Trust, Grantor covenants and agrees:

1. To keep the property in good condition and repair; to permit no waste thereof; to complete any building, structure or improvement being built or about to be thereon; to restore promptly any building, structure or improvement thereon which may be damaged or destroyed; and to comply with all laws, ordinances, regulations, covenants, conditions and restrictions affecting the property.
2. To pay before delinquent all lawful taxes and assessments upon the property; to keep the property free and clear of all other charges, liens or encumbrances impairing the security of this Deed of Trust.
3. To keep all buildings now or hereafter erected on the property described herein continuously insured against loss by fire or other hazards in an amount not less than the total debt secured by this Deed of Trust. All policies shall be held by the Beneficiary, and be in such companies as the Beneficiary may approve and have loss payable first to the Beneficiary, as its interest may appear, and then to the Grantor. The amount collected under any insurance policy may be applied upon any indebtedness hereby secured in such order as the Beneficiary shall determine. Such application by the Beneficiary shall not cause discontinuance of any proceedings to foreclose this Deed of Trust. In the event of foreclosure, all rights of the Grantor in insurance policies then in force shall pass to the purchaser at the foreclosure sale.
4. To defend any action or proceeding purporting to affect the security hereof or the rights or powers of Beneficiary or Trustee, and to pay all costs and expenses, including cost of title search and attorney's fees in a reasonable amount, in any such action or proceeding, and in any suit brought by Beneficiary to foreclose this Deed of Trust.

Form 3161-7 (Rev. 12-96) TRANSNATION TITLE INSURANCE COMPANY

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RECEIPT

Department of Ecology (4610)
PO Box 47611
Olympia, WA 98504-7611
(360) 407-7095

Receipt Number
Manual Receipt

09CJ001036



Document Number **461P0131 CJ** Date **07/22/2008** FM **13**

Remitter Name **ATKINS, DARLENE K** Receipt Name

Check/Draw Number **7595**

Document Amount **50.00**

Method of Payment **Check**

Comment Description **WATER RIGHT**

REF DOC NR	REF DOC SFX	INV NR	ID NR	SUB ID NR	T C	R FUND	MAJ GRP	MAG SRC	SUB SRC	CNTY	WORK CLS	PIC	AI	ORG	PRJ	SUB PRJ	PRJ PHS	SUB OBJ	SUB SUB OBJ	VAR GL	SUB SID DR	SUB SID CR	ALLOC AMT
					001	001	02	85	000011														50.00

*Returned
DTR Sect 3C
+ exempt
your street need
sent
SWRD*